UNITED STATES DISTRICT COURT

	for the			
Di	istrict of			
)			
	,)			
)			
Plaintiff(s))			
v.	Civil Action No.			
)			
)			
)			
Defendant(s)	,)			
SUMMONS IN A CIVIL ACTION				
To: (Defendant's name and address)				
. , , , , , , , , , , , , , , , , , , ,				
A lawsuit has been filed against you.				
Within 21 days after carries of this summons on	you (not counting the day you received it) — or 60 days if you			
	icer or employee of the United States described in Fed. R. Civ.			
	nswer to the attached complaint or a motion under Rule 12 of			
the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney,				
whose name and address are:				
	e entered against you for the relief demanded in the complaint.			
You also must file your answer or motion with the court.				
STES DIST	CLERK OF COURT			
SIA				
7/22/15	Abis D. Malle			
Date: 7/23/15	Signature of Clerk or Deputy Clerk			
	Signature of Clerk of Deputy Clerk			

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

	This summons for (no	me of individual and title, if an	yy)		
was rec	ceived by me on (date)		·		
	☐ I personally served	d the summons on the ind	ividual at (place)		
			on (date)	; or	
	☐ I left the summons	s at the individual's reside	ence or usual place of abode with (name)		
		a person of suitable age and discretion who resi	des there,		
	on (date), and mailed a copy to the individual's last known address; or				
	☐ I served the summons on (name of individual) , who designated by law to accept service of process on behalf of (name of organization)				
			on (date)	; or	
	☐ I returned the sum	mons unexecuted because	e	; or	
	☐ Other (<i>specify</i>):				
	My fees are \$	for travel and \$	for services, for a total of \$		
	I declare under penalty of perjury that this information is true.				
Date:					
		_	Server's signature		
		_	Printed name and title		
		_	Server's address		

Additional information regarding attempted service, etc: